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Adnexal lesions are one of the most common cause of gynecological complains, including possibility of ectopic pregnancy in reproductive age group. Ultrasound is the first imaging modality used for evaluation of adnexal lesions. On ultrasound large non-adnexal lesions can be confused as adnexal lesions causing a diagnostic dilemma, rendering use of cross-sectional imaging mandatory. We present a case of middle-aged female who was diagnosed with a right adnexal lesion (possibly malignant) on ultrasound, but on further evaluation was found to be suffering from a benign non-adenexal etiology.

Ovary: Poster Abstract

Role of intraoperative frozen section in the diagnosis of ovarian tumors: Experience at Gujarat Cancer and Research Institute

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Background: The surgical management of ovarian tumors depends on their correct categorization as benign, borderline or malignant. Ovarian neoplasms are an important cause of morbidity and mortality in women. This study was undertaken to evaluate the accuracy of intra-operative frozen section in the diagnosis of various categories of ovarian neoplasms.
Methods: Intraoperative frozen section diagnosis was retrospectively evaluated in 125 patients with suspected ovarian neoplasms who underwent surgery as primary line of therapy at our institution. This was compared with the final histopathologic diagnosis on paraffin sections.
Results: In 125 patients frozen section report had a sensitivity of 100%, 95.55% and 50% for benign, malignant and borderline tumors respectively. The corresponding specificities were 92.45%, 98.75% and 99.14% respectively. The overall accuracy of frozen section diagnosis was 95.2%. The majority of cases of disagreement were in the mucinous and borderline tumors.
Conclusion: Intraoperative frozen section has high accuracy in the diagnosis of suspected ovarian neoplasms. It is a valuable tool to guide the surgical management of these patients and should be routinely used in all major oncology centers.
Key words: Frozen section; intraoperative; ovarian tumor

Ovary: Poster Abstract

Multiple recurrence of granulosa cell tumor of the ovary: A case report and literature review

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Introduction: Granulosa cell tumors comprise approximately 5% of all ovarian malignancy and account for 70% of malignant sex cord stromal tumors. Granulosa cell tumors have been diagnosed from infancy, the peak incidence being perimenopausal age. The potential of malignancy of these tumors is low, recurrences are often late and found in 10-33% of cases.
Case Report: A 32-year-old P1L1 presented with large abdominal mass for which she underwent staging laparotomy with debulking surgery. She was a known case of granulosa cell tumor in the past and had undergone three laparotomies, along with chemotherapy. At the age of 13 yrs, she was diagnosed with a stage IA granulosa cell tumor (GCT) of the ovary first time. She underwent surgical staging and removal of left sided adnexal mass, after which she was asymptomatic for 7 years. In 2003 she again presented with lump abdomen for which she underwent resection of adnexal mass, histopathology was consistent with recurrent GCT. After second surgery she also received two cycles of chemotherapy. Despite adjuvant chemotherapy, patient presented again after three years in 2006 with adnexal mass and was found to have a third recurrence. At that time, she received 6 cycles of chemotherapy and the mass regressed. Meanwhile she got married and had one child. After four year in 2010 she again presented with lump abdomen and she underwent surgical staging, total abdominal hysterectomy with right salphingo ophorectomy along with removal of mass. After five year in 2015 she again presented with lump abdomen; there was a large pelvic mass which was removed and patient referred for chemotherapy.
Discussion: GCTS which a rare malignant tumors of ovary tend to be associated with late recurrences. Although most recurrences occurs within 10 years after initial diagnosis, there are occasional reports of recurrences after10 years. We experienced the rare case of a patient who relapsed multiple times over 20 years, despite surgical and targeted treatment.
Conclusion: The long history of granulosa cell tumor highlights the importance of extended follow up of the patient.
Key words: Chemotherapy; granulosa cell tumor, recurrent disease, surgical staging

Ovary: Poster Abstract

Successful pregnancy outcome in recurrent ovarian cancer

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Incidences of ovarian cancer in pregnancy are increasing nowadays due to routine use of ultrasonography in first trimester and postponement of childbirth to an older age. Reported incidence of ovarian tumor in pregnancy is 1:1000 among them3.6% are malignant. We report a case of recurrent ovarian tumor with successful pregnancy outcome. She was a 26 yr old primi had ovarian cancer recurrence 2 year after primary surgery. In present pregnancy she was given chemotherapy with two doses of carboplatin, and had viable baby at 34 weeks of pregnancy. At present mother and baby are doing well and on regular follow-up at radiotherapy departments.

Ovary: Poster Abstract

Sclerosing sex cord stromal tumour of the ovary: A rare variant of ovarian neoplasms in childhood and adolescence

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Case Report: 19 yr old unmarried girl c/o abdominal distension, loss of appetite and Irregular menstrual cycles x 5 months. USG: gross ascites, liver, Lobulated isoechoic mass in right adnexa, 7x5 cm, abutting right ovary. CA125: 1297 U/ml. FNAC Degenerated crushed cells & stromal fragments. Few scattered benign oval/ spindle cells. Laparoscopy f/b laparotomy: 6 litres of straw colored asciic fluid drained. Uterus, left adnexa normal. Rt ovarian mass 6x7 cm, bilobed, arising from ovary. Solid, stuck in POD Adherent to gut. Right oophrectomy done. CA-125: 22 u/ml on day 6 post op. HPE – Sclerosing stromal tumor.
Discussion: Sclerosing sex cord stromal tumour of the ovary is a rare tumor; accounts for 6% of ovarian stromal tumors Over a 100 reported tumors in literature. 80% of SST seen in second and third decade of life. Essentially a benign tumour, Usually a unilateral nonfunctioning tumor. Few cases with elevated serum CA-125 and hormonal abnormalities have been reported. Endocrine alterations caused by secretion of estrogen, progesterone or testosterone; induction of precocious puberty.
Conclusion: Unilateral oophrectomy is the treatment. No recurrence of the tumor in the patients treated by oophorectomy or by conservative resection of the tumor. Excision of the tumor isfollowed by normal menses, pregnancy has also been reported.

Ovary: Poster Abstract

Juvenile granulosa cell tumor

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The differential diagnosis for precocious puberty in a young female includes peripheral causes. This case report documents a rare cause of isosexual precocious puberty, a juvenile granulosa cell tumour of the ovary–and

a brief literature review. A one year-old baby girl presented with mass abdomen, vaginal discharge and rapid onset of pubertal development. She underwent an exploratory laparotomy for tumour resection. Pathology reported a juvenile granulosa cell tumour of the ovary. Early stage granulosa cell tumor surgically treated has good prognosis. Adjuvant chemotherapy is not indicated in this setting.

Ovary: Poster Abstract

Growing teratoma syndrome: A case report

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Introduction: Growing teratoma syndrome (GTS) or chemotherapeutic retro conversion is an extremely rare phenomenon seen in about 1.9-7.6% of patients being treated for non-seminomatous testicular germ cell tumor. It is even more rarely reported in females with only sporadic cases reported so far. It was described by logothetis et al and is described as conversion of immature teratoma to mature one after chemotherapy and presents as growing and metastasizing mass.
Case Report: We report a case of 10 year old girl who underwent conservative surgery for an adnexal mass reported as immature teratoma on histopathology. Following which she was given chemotherapy for rapidly developing ascites. After four cycles of chemotherapy, the pelvic mass increased in size with metastatic deposits around the liver. Re-laparotomy and removal of the ovarian mass and metastatic deposits was carried out in stages. The histopathology showed mature teratoma.
Conclusion: GTS is an extremely rare occurrence and it is important for the clinicians to know it to avoid misdiagnosis. Moreover, being a chemo-resistant tumor, early diagnosis and surgery are curative.

Ovary: Poster Abstract

Sertoli cell tumor of ovary: A rare case report

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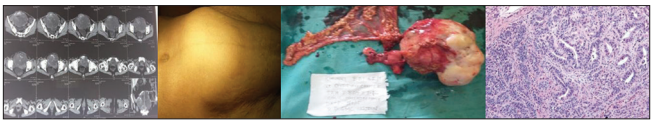
Introduction: Sertoli-Leydig cell tumor (SLCT) is a rare ovarian tumor, Constitute less than 0.5% of ovarian tumors. Most tumors are unilateral, confined to the ovaries. They are seen during the second and third decades of life. They are characterized by the presence of testicular structures that produce androgens. Patients have symptoms of virilization (depending on the quantity of androgen).
Case Report: A 42-year-old woman presented Amenorrhea for 14 months. Change in her voice for 1 year and Excessive hair growth on her face, chest, and limbs for the last 2 months. She complained of vague abdominal discomfort .No history of anorexia, weight loss, increased libido. Her medical and family history was unremarkable. On examination - Hirsutism and clitoromegaly. Lump of size 10x8 cm palpable in left iliac fossa. Vaginal examination revealed a firm and mobile cystic mass in the right adnexa .An ultrasound examination of the pelvis showed a 17x 13x 9-cm heterogeneous solid cystic mass replacing the left ovary. The right ovary and the uterus were normal .CECT Scan Abdomen-Large heterogenous encapsulated solid soft tissue mass lesions containing areas of calcification arising from left ovary of size 17x13x10.6cm causing displacement of urinary bladder and surrounding bowel loops.Serum testosterone level -2 ng/mL (normal, 0.2–1.2 ng/mL); (DHEAS), CA 125, and alpha fetoprotein (AFP) -normal. On Laparotmy-Large mass of size 17 X 13 cm arising from left adnexa. Uterus and right ovary grossly normal. Total Abdominal hysterectomy, B/L Salpingo-opherectomy and infracolic omentectomy was done. Peritoneal washing were sent for cytologic examination for malignant cells. No liver metastasis. The post operative period was uneventful. Histopathology revealed- confirmed it be Sertoli Leydig cell tumor.3month follow up – resolution of her virilization symptoms. No increase of her hirsutism. Repeat testosterone levels - within normal range.
Conclusion: Only few cases of SLCT have been reported till date Prognosis depends on extent of disease, stage of disease, tumour differentiation, grade. The treatment should be individualized according to the location, state of spread and the patient's condition.



Ovary: Poster Abstract

Ovarian fibrothecoma: An uncommon cause of a large pelvic mass

Nikita Kumari, Reenu Kanwar, Bindu Bajaj, Garima Kapoor

Introduction: Ovarian fibrothecomas represent an ovarian stromal neoplasm developing in a wide spectrum of clinical settings. These tumors have been described as rare ovarian neoplasm, accounting for about 4% of all ovarian tumors. We report a case whose clinical presentation was highly deceptive and was clinically and radiologically diagnosed as malignant ovarian tumor. Ascitic fluid cytology revealed absence of malignant cells. On histopathological examination, it was diagnosed as benign fibrothecoma with cystic changes. Postoperative follow-up for about six months was uneventful.
Case: A 45 year old female presented to the gynae emergency with large abdominal lump of 20 weeks size with acute pain abdomen. She was admitted for initial management and thorough evaluation. Hematological and biochemical parameters were within normal limits. USG revealed a large multilocular, predominantly cystic lesion 20.9x9.6x11.4 cm in pelvis. CECT revealed ovarian cystadencarcinoma left ovary with locoregional mass effect, mild ascites and suspicious metastasis to internal iliac lymph nodes. Radiological and preoperative clinical diagnosis was malignant ovarian tumor. Panhysterectomy and omentectomy was performed. On gross examination, a well encapsulated, multinodular cystic tumor of left ovary about 17x14x7 cm was identified. Cut surface was mostly solid with few cystic areas. Uterus, cervix, right ovary and both tubes were unremarkable. On microscopic examination, multiple sections showed spindle shaped cells in storiform and palisading pattern. No mitotic activity was identified. On special staining, it was positive for vimentin, which is a characteristic feature of ovarian fibrothecoma.
Conclusion: The accurate preoperative diagnosis of ovarian fibrothecoma with cystic changes could have prevented the extensive surgical intervention such as bilateral salpingo- oopherectomy with hysterectomy.

Ovary: Poster Abstract

Two interesting cases of granulosa cell tumor: A case report

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Introduction: Granulosa cell tumor (GCT) is an ovarian malignancy that arise from granulosa cells of the ovary. This tumour is a type of the sex cord-gonadal stromal tumour. GCT have good prognosis in comparison with other epithelial tumors.
Methodology: Two cases of granulosa cell tumors were diagnosed in sir Ganga ram hospital, Rajendernagar, New Delhi in December 2015 and January 2016. The patient's age, clinical manifestations, radiological and histopathological findings were evaluated. One was in perimenopausal age group and other case was in postmenopausal age group. The clinical manifestations were menorrhagia and abdominal pain. Ultrasonographically, in one case focal hypoechoic zone showing peripheral hypervascularity with possibility of old hemorrhage follicular cyst was seen and in other case of granulosa cell tumors was both solid and cystic areas were seen. Histologically, variety of patterns like diffuse, trabecular, nodular, sheets, nests and fascicular patterns with nuclear grooving in ovarian tissue. In addition endometrial findings were suggestive of simple hyperplasia without atypia. Treatment modalility used was surgery i.e., Total hysterectomy and bilateral salpingo-oophorectomy in both cases.
Conclusion: Granulosa cell tumor of the ovary is a rare ovarian malignancy. Endometrial pathology to rule out endometrial carcinomaspecially when postmenopausal bleeding is concomitant finding is advised. Radical surgery is usually not required.
Key words: Endometrial pathology; granulosa cell tumor; histopathological findings; ovary